

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148
 County Registrar No. 643
 Local Registrar No. _____

2. Full name of child Raoul Quintana
 No. 719 Live Oak St. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 15, 1926
 Month _____ Day _____ Year _____

8. FATHER
 Full name Jose Benites Quintana

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Sonora, Mex.
 (State or country)

13. Occupation
 Nature of Industry Miner

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Maria Valencia

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Sonora, Mex.
 (State or country)

19. Occupation
 Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byrd M. Brown M.D.
 (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____
 Filed June 2, 1926 R. E. Irons Local Registrar.

 Registrar _____ County Registrar.

981-515-451